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ABSTRACT

Growing professionalization in rehabilitation counseling has been offset recently by the New Careers movement and its emphasis on the use of subprofessionals. To analyze recruitment and retention of personnel in the face of this changing professionalism, this report compares the spring 1965 graduates with a national sample of practicing rehabilitation counselors. A 3-year longitudinal study was used to analyze changes in various social characteristics and attitudes. The retention problem among recent graduates is attributed to a lack of professionalism and challenge in the work without salaries and working conditions good enough to compensate. The report concludes that immediate improvement can be made by changing educational programs to increase commitment and self-esteem, although a permanent solution will require an overhaul of the entire system. (BH)

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FROM STUDENT TO PRACTITIONER: PROFESSIONALIZATION AND DEPROFESSIONALIZATION IN REHABILITATION COUNSELING

WORKING PAPER NO. 7

CASE WESTERN RESERVE UNIVERSITY

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FROM STUDENT TO PRACTITIONER: PROFESSIONALIZATION AND DE-PROFESSIONALIZATION IN REHABILITATION COUNSELING,

Working Paper #7

CAREER CONTINGENCIES OF THE REHABILITATION COUNSELOR

Professions Project
A Program of Research on Occupations and Professions
in the Field of Rehabilitation

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PREFACE

The Department of Sociology of Case Western Reserve University, in cooperation with the Rehabilitation Services Administration has been conducting a study of the career contingencies of the rehabilitation counselor and the process of professionalization of this occupation.

Career contingencies are those circumstances and events which produce patterns of stability and change in typical occupational histories. Professionalism is a set of attributes acquired by some occupations, basically a unique body of scientific knowledge and a social service outlook, from which follow independence in task performance, prestige, and other desirable conditions of work.

The two major groups studied are 1) a panel of students who were scheduled to complete their rehabilitation counseling training in the spring of 1965 and whose careers were followed for three years thereafter and 2) a national sample of practicing rehabilitation counselors and supervisors in three settings: the Veterans Administration, private agencies, and state-federal offices of the Rehabilitation Services Administration. Findings on the career outcomes and attitudinal changes of the students, as compared to the work histories and viewpoints of the practicing counselors, are presented in this paper, which is concerned with issues related to recruitment and retention of rehabilitation personnel in the context of changing notions of professionalism.

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INTRODUCTION

In the last several years the occupation of rehabilitation counseling has been at the center of a number of societal and occupational cross-pressures. This occupation was developed largely under government auspices, as a set of skills designed to assist physically and emotionally disabled individuals find acceptable social and work roles. It was originally a sub-specialty in vocational guidance, and focused on employment counseling for the handicapped. Both occupational aims and definitions of relevant client characteristics have expanded since the first enabling rehabilitation legislation was adopted after World War I. Objectives now include not only gainful employment, but activities of daily living and adjustment to society in general. The definition of handicapped was first extended to include mental or emotional as well as physical disability, and lately has also encompassed social and cultural disabilities resulting from imprisonment, economic deprivation, racial discrimination and the like. In short, rehabilitation counseling has become part of a complex of activities involving poverty, welfare, and health programs, in which the counselor has multi-variant roles and his particular rehabilitation functions cannot easily be disentangled from other social service and restorative activities.

During the past fifteen years leaders in the field of rehabilitation counseling have been attempting to professionalize the occupation. On the grounds that a profession demands extended training in a body of knowledge as a condition of occupational entry, graduate level programs were established with government funding at a number of universities. Hiring requirements and job tenure in the Veteran's Administration were raised to the Ph.D. level, and many state offices of the Vocational Rehabilitation Administration (now the Rehabilitation Services Administration[1]) began to require Master's degrees for new hires. The parent discipline for the training sequences has been counseling psychology, although in MA programs degrees are awarded in the sub-specialty of rehabilitation counseling. At the same time two professional associations were formed (the National Rehabilitation Counseling Association and the American Rehabilitation Counseling Association), codes of ethics were formulated, and professional bulletins and conferences initiated. Most rehabilitation counselors began to view themselves as professionals,[2] not too different in this respect from a clinical psychologist.

Parallel to these developments in recent years, however, has been another trend best characterized as de-professionalization. Beginning in 1965 when Pearl and Reissman published their book on non-professionals in the human services,[3] the idea of developing career sequences for the poor and under-privileged without formal training has taken hold rapidly. A "New Careers" movement has arisen bringing together the "sub-professionals" or "para-professionals" who are employed in various social agency jobs ancillary and supportive to the fully trained professionals. This movement has campaigned against professionalism as cold, unresponsive to true community needs, elitist, overemphasizing academic training, and the like. Even more threatening to the professional is the direct confrontation with the new careerist over the worth of the expert. Thrust into close working relationships with the professional as they take over the "dirty work" with clients, the newly unshackled poor use their skills in manipulating the system to raise embarrassing questions. With outspoken frankness in a staff encounter session the new careerist could well look the counselor in the eye and say, "You are getting $15,000 a year and I am getting $5,000. Do you mean to say that you are worth three times as much as I am?"

Contemporary to this trend, various leaders in rehabilitation have stressed that warmth, genuineness and empathy are critical counselor characteristics, equally if not more important that a formal degree in producing successful rehabilitation outcomes.[4] Thus, in rehabilitation counseling, as in other emerging professions in welfare fields, the utility of professionalism as a requirement for successful service to the client is being questioned.

Students of rehabilitation counseling who completed their formal training in 1965 and entered the field therefore made the transition from student to practitioner in the context of rapid change in the scope and content of rehabilitation counseling as such, and also of rapid change in attitudes toward the values of formal training and professionalism in virtually all social service activities. The expectation is that graduation into work under these circumstances would be accompanied not only by "reality shock" but also by unusual uncertainty regarding role definitions and occupational values.

This paper examines the career development of the cohort of students scheduled to complete their rehabilitation counseling training training programs in early 1965. It outlines their occupational histories for a three year period, 1965 to 1968, profiles their key professional and personal characteristics at the two points in time, reviews their current situation and the pressures to change it, and analyzes modifications in attitudes toward the profession which have emerged during their first years in the field. In an attempt to identify developments particular to the student experience, the cohort is compared on a number of parameters with similarly trained practitioners who previously have been in the field.

The practical utility of this analysis emerges in the contrasts found between those who remain in rehabilitation counseling and those who leave for other lines of endeavor. As a consequence, factors relevant to the recruitment of a potentially stable professional staff should be uncovered.

GATHERING DATA

The student cohort consists of the entire population of individuals scheduled to graduate in the spring of 1965 from the 39 colleges or universities then receiving Vocational Rehabilitation Administration traineeship grants for M.A. degree programs in rehabilitation counseling. The comparison group of practitioners is a subset of a National Sample of 888 drawn from the total population of practicing rehabilitation counselors in the summer of 1965.[5] This sample contained persons employed in the Veterans Administration, the state-federal offices of the then Vocational Rehabilitation Administration, as well as private agencies. The subset includes all persons in the state-federal and private settings who have M.A. degrees. VA personnel were omitted because these are almost exclusively counseling psychologists with Ph.D. degrees or equivalent, and thus are at a different level of commitment. Although a handful in the comparison group (less than 20 in all) have this higher degree, they were not excluded from the analysis since none were working as counseling psychologists, but were in some type of supervisory position in rehabilitation counseling.

The students, who had been surveyed in 1965 and again in 1966, were once more asked to respond to a mailed questionnaire in 1968. Out of 326 in the total student cohort, 324 (99 percent) responded initially in 1965, 300 (92 percent) in 1966 and 302 (93 percent) in 1968. However, in 1968 ten persons responded to a shortened questionnaire designed to secure minimum information, reducing the total of complete responses to 292 (90 percent). Because some in the student cohort did not respond both in 1966 and 1968, the total of those with data for all three time periods is reduced to 284, which is an overall 87 percent longitudinal response rate. Some information on missing cases was gathered from personal contacts, so that at least occupational location is available for 293 students during the entire three year period. The National Sample subset, also surveyed by mailed questionnaire in 1968, consisted of 354 individuals; of these four were deceased and 333 replied, for a 95 percent response rate among the surviving practitioners who had already been in the field in 1965.

These data permit comparisons of changes among the student cohort over time on a broad range of social characteristics and attitudes. Comparisons between student and practitioner groups focus on differential job change patterns and attitudinal modifications over the three year period. One of the difficulties in analyzing change is the problem of distinguishing real variations from random fluctuations due to the crudity of measuring instruments in the social sciences. The use of three measurement times for the students, as well as the inclusion of a comparison group of practitioners, aids in untangling the effects of actual change and measurement error, particularly with respect to attitudinal variables.

OCCUPATIONAL PATTERNS

The job histories of the student cohort and practitioner sample vary in differential rates of loss from the rehabilitation field and in differences of status within the field. (See Figures 1 and 2) Nearly 45 percent of those who were students in 1965 were working as rehabilitation counselors or field supervisors a year later, while an additional 18 percent were in related work, such as rehabilitation administration, teaching, continued studies or other non-counseling activities. Another 16 percent were doing counseling or social work but outside the rehabilitation field, and 10 percent were in various other occupations not in rehabilitation. Thus only about two thirds were employed directly in the specialty for which they were trained.

Two years later the proportion of those in the field had dropped to less than 60 percent, and the distribution within rehabilitation had shifted, since 22 percent were now in administrative or other non-counseling activities, and only 37 percent in counseling or direct supervision. Seventeen percent were, by this time, not only outside the field, but not even in an activity such as counseling or social work related to their training.

During the 1965 to 1968 period the practitioners with similar educational attainments registered considerably less loss to the rehabilitation field. At the end of the three years, 80 percent were still in rehabilitation work and only 11 percent had left the field, including

Figure 1

Changes in Student Occupational Histories, 1965 – 1966 – 1968

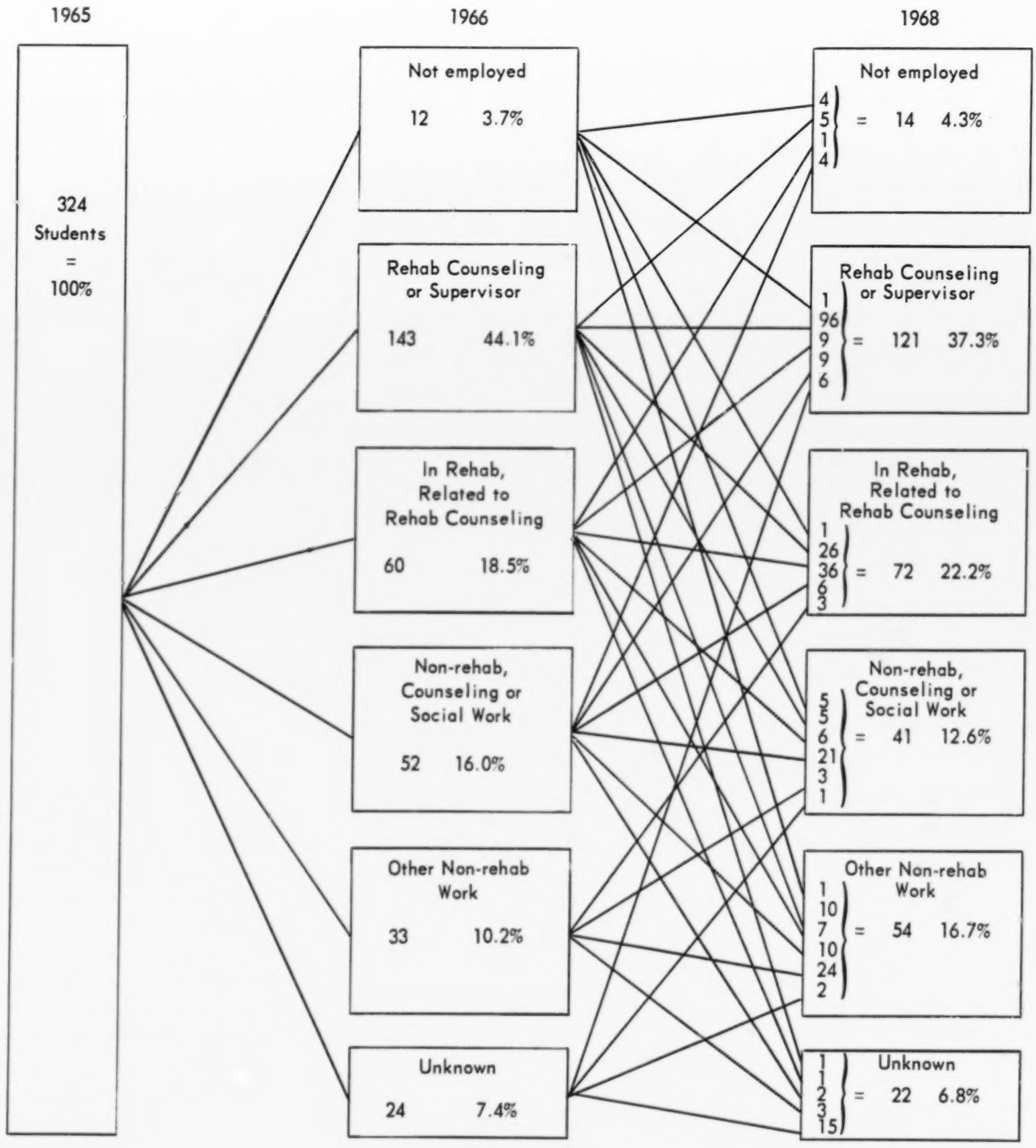
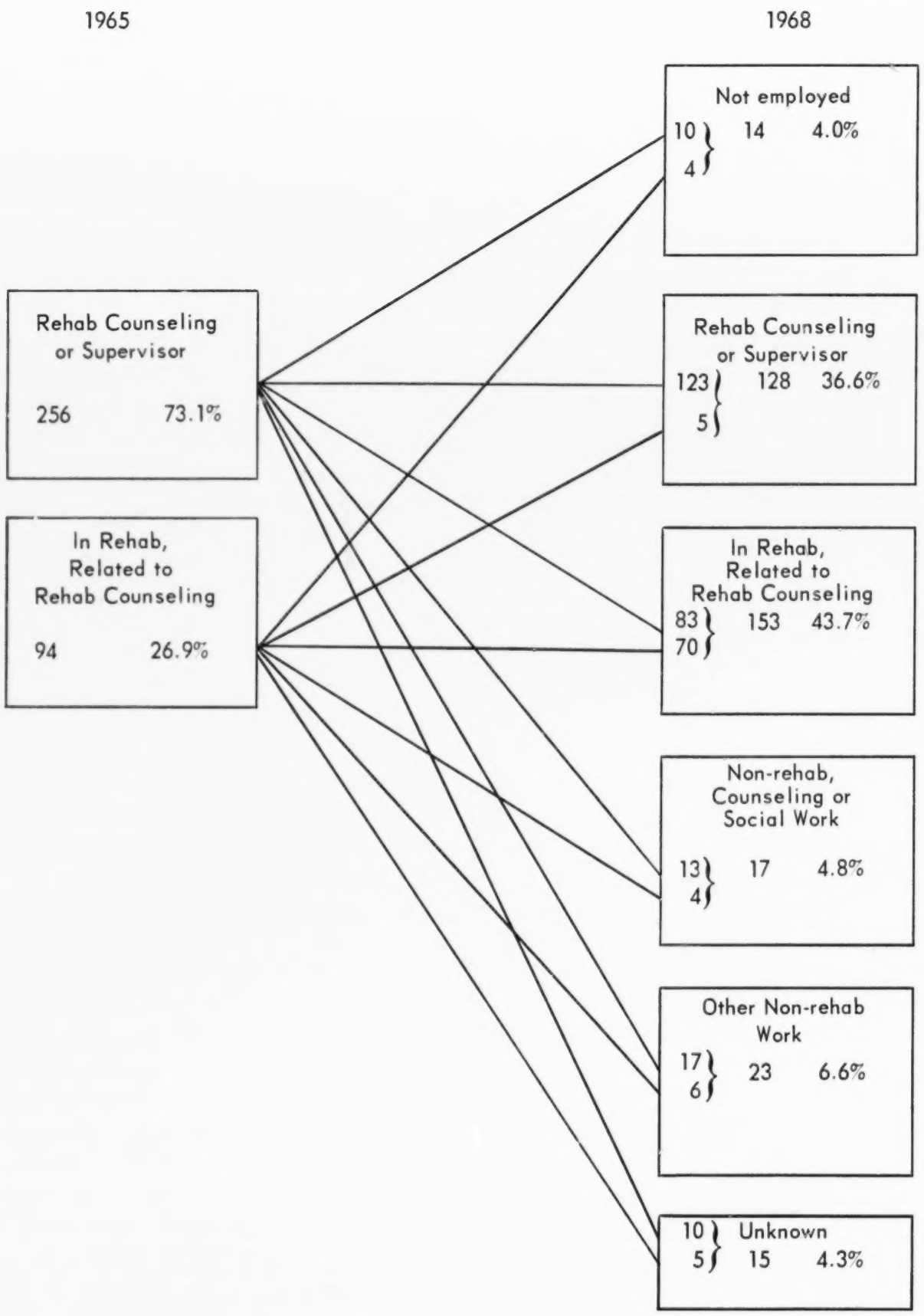


Figure 2

Changes in Practitioners Occupational Histories, 1965 – 1968



the 6 percent in various non-counseling occupations. The practitioners' occupational status pattern within rehabilitation differed predictably from that of the former students. Reflecting their longer time in the field, the practitioners were more likely to be in administration, teaching, or the like: over 40 percent were in this category, about double the proportion of recent students in a similar capacity.

One other factor distinguishes the two groups. The former students in rehabilitation are somewhat less likely than the practitioners to be in public agencies, defined as state-federal offices of the Social Rehabilitation Services, or Veterans Administration locations (See Table 1). Eighty percent of those in rehabilitation work in 1965 and still in the same field in 1968 were employed at various levels in public agencies, as compared to 62 percent

Table 1

Type of 1968 Employer by 1965 Status, for those in Rehabilitation

	Type of Employer in Rehabilitation, 1968			
	Public[a]	Private[b]	N	%
1965 Status	%	%		
Student	62.2	37.8	193	100
Practitioner	79.7	20.3	281	100
Total			474	

[a] State-federal offices of the Social Rehabilitation Services, or Veterans Administration locations.

[b] Persons employed as students or professors in university training programs are included, along with private agency employees.

in such agencies among those in rehabilitation training in 1965 and still in the field three years later. Recalling that the percent of trainees remaining in the field at all is about two thirds, it is apparent that only about one third of the students continue into public agency work.

Furthermore, the proportion entering public employment declines with each new job change. Forty-one percent of the students held only one job in the three year period, and of these 40 percent went into a public agency. Forty-eight percent held two jobs during the period, and of these only 32 percent joined state or federal organizations for their second position. Among the nine percent with a third job, the proportion going public dropped below 25 percent, and none of the one percent with a fourth job went in this direction.

The outflow of the students from the public sector is significant because it is this sector which has underwritten the thrust towards professionalism of the occupation. The same agency which supplied developmental funds and training grants in rehabilitation counseling to universities throughout the country, the Vocational Rehabilitation Administration, is the federal parent body of the various state bureaus or divisions of Vocational Rehabilitation which have been desperately in need of trained personnel. Yet those who benefited from the educational programs and the professionalization process have in the main failed to return to the agency which made their study possible, or at least facilitated it. Utilization of training programs as conveniences rather than occupational commitments is perhaps not

uncommon in contemporary graduate education, although there are no hard data to support this impression. One issue to be investigated below, however, is the extent to which outflow patterns are related to attitudes concerning the professionalism of the field. Other issues about which we can only speculate are the opportunities, constraints, and expansionistic capabilities of the major formal rehabilitation systems in regard to job mobility. Can the system absorb, motivate and find room for the ambitious graduate rehabilitation counselor in positions of power and responsibility in the organizational bureaucracy? Our analysis of these questions will be found in a later section of the report.

STUDENT PERSONAL PROFILES - THREE YEARS LATER

Occupational changes are not the only transformations which occurred since the student cohort prepared to leave academia for the work world. Even over a three year period, changes in family and professional circumstances occurred.

At graduation time, nearly 40% of the students had never been married; by 1968, only about 21% were still single. Although 3 percent failed to complete the Masters degree requirements, 4 percent had gone on to secure a Ph.D. degree, and about a third were continuing in further graduate study three years after completion of their M.A. Most of the students reported improvements in their standard of living over the period; 36 percent referred specifically to increases in income, while about a quarter gave more general responses with respect to increased possessions and better living conditions.

The before and after professional profiles of the student cohort show a distinct shift to higher individual levels of professionalism among those who remained in the rehabilitation field (Table 2). An Index combining data on professional organization membership and journal readership[6] shows that 58 percent could be classified as on the high end of the scale at the end of their student year, as compared to 72 percent in these categories among those in the rehabilitation counseling field by 1968, but only 41 percent of those in other occupational roles at that time.

Detailed examination of membership and readership patterns reveals some variations in this trend. Even during their last academic year nearly one third of the students already belonged to the American Rehabilitation Counseling Association (ARCA) and/or the National Rehabilitation Counseling Association (NRCA), the two professional associations directly geared to the interests of rehabilitation counselors, while about a third belonged to no organized professional group of any kind. Three years later, only 12 percent of those in the field were non-members, and 58 percent belonged to ARCA and/or NRCA. Almost half of those who had left rehabilitation were without membership, but nearly 40 percent were in some professional association, even though it was not ARCA or NRCA. The pattern suggests continued commitment to some professional role outside the rehabilitation field. Those who had left rehabilitation by 1968 were more likely to read general theoretical journals, such as those in the areas of counseling and psychology, if they read any at all. This suggests professional roles such as in academia or professions requiring greater use of theoretical formulations in practice. Those remaining in the field were more likely to be interested in journals related to rehabilitation practice.

Table 2

CHANGES IN STUDENT COHORT PROFESSIONAL CHARACTERISTICS,[a] 1965 – 1968

	1965	1968 Type of Employment		
		Total	In Rehab	Not in Rehab
INDEX OF INDIVIDUAL LEVEL OF PROFESSIONALISM	N=302 %	N=291 %	N=189 %	N=102 %
Low (1)	.7	0.0	0.0	0.0
(2)	7.6	13.7	6.8	26.5
(3)	33.8	25.4	21.7	32.4
(4)	40.1	35.7	42.9	22.5
High (5)	17.9	25.1	28.6	18.6
Total	100.1	99.9	100.0	100.0
REHABILITATION COUNSELING PROFESSIONAL ASSOCIATION MEMBERSHIPS	N=302 %	N=292 %	N=190 %	N=102 %
ARCA	12.2	9.6	10.5	7.8
NRCA	17.2	21.9	31.0	4.9
Both	1.3	10.6	16.3	0.0
Other related organizations	34.1	33.6	30.5	39.2
None	35.1	24.3	11.6	48.0
Total	99.9	100.0	99.9	99.9
PROFESSIONAL JOURNAL READERSHIP	N=291 %	N=264 %	N=180 %	N=84 %
Type Theoretical	16.5	15.5	7.2	33.3
Rehabilitation practice	26.5	38.2	49.4	14.3
Both	45.0	28.4	32.8	19.0
None	12.0	17.8	10.6	33.3
Total	100.0	99.9	100.0	99.9
	N=285 %	N=276 %	N=181 %	N=95 %
Number None	12.3	17.0	10.5	29.5
One	27.7	33.0	34.2	30.5
Two	32.3	22.8	25.4	17.9
Three or more	27.7	27.2	29.8	22.1
Total	100.0	100.0	99.9	100.0

[a] Only Student respondents for both time periods are included (T_1 and T_3). The total varies from 302 because of not ascertained data. Percentages are calculated vertically on the grounds that selection of job locale occurred prior to measurement of professionalism attitudes and behavior, and therefore must be conceptualized as an independent variable. Percentages vary from 100 percent due to rounding.

In a specialty of the counseling profession such as rehabilitation counseling, certain personal characteristics of the counselor are considered critical to success. Indeed, some have argued that such personality qualities as genuineness and empathy are dominant requirements for the rehabilitation counselor,[7] superceding formal academic learning. In any event, Insel and Strong[8] have examined counselor personality in terms of 12 facets of the individual's self concept, and dichotomized them into those items most characteristic and least characteristic of the "ideal counselor." Their study of a group of student counselors during their field placement revealed that the self concept of the students tended to be stable during the training period, thus suggesting the reliability of this set of measures in assessing the individual's self perception of his personality structure.

The student cohorts' self concepts on their positive qualities consonant with being an ideal counselor, and on their negative characteristics associated with failure in this role, did change from their final student year to the three year followup period. But these changes did not exceed expectable random variation. In 1965, 62 percent saw themselves as definitely well-adjusted, empathetic, and conscientious, while only 30 percent considered themselves to be in some degree judgmental, blunt, hard to get along with, and the like. By 1968, these percentages had changed little: 66 percent now saw themselves as possessing the ideal positive qualities, and 24 percent attributed negative characteristics to themselves.

Individual variations across time were also analyzed. Although some students changed their self-image, taking either a more or a less sanguine view of themselves, the fluctuations remained within random bounds. Further, among those who had left rehabilitation work the change pattern was little different from that found among those who remained in the field.

One final element of the students self concept concerns their perception of the relationship of their work to the rehabilitation field. The students, as well as the practitioners, were categorized by the research team as in or out of rehabilitation counseling work on the basis of their job title, type of agency where employed, and nature of case load, if any. Among the students, 42 percent of those outside the field claimed they were in an occupation which was related to it; among the practitioners, 57 percent of those who had left rehabilitation still claimed to be in related work. Under a broad interpretation of rehabilitation almost any kind of human service activity can be interpreted as having a rehabilitative aspect, and apparently many of those with training or experience in the field still view themselves as part of this restorative movement, even though they have left direct rehabilitation counseling employment.

PRACTITIONERS OLD AND NEW

Work experiences, rewards, and expectations varied by relationship to rehabilitation both within the student cohort, and between the students and the practitioners who had been in the field in 1965.

Table 3

MONTHLY SALARY OF STUDENT COHORT AND NATIONAL SAMPLE PRACTITIONERS BY TYPE OF WORK IN 1968[a]

	Students		Practitioners	
	In Rehab	Not in Rehab	In Rehab	Not in Rehab
MONTHLY SALARY	N=181 %	N=88 %	N=263 %	N=34 %
Less than 450	12.7	20.4	.4	2.9
450 to 549	2.2	8.0	2.7	0.0
550 to 649	7.2	15.9	4.6	2.9
650 to 749	21.5	11.4	11.0	5.9
750 to 849	34.2	15.9	19.4	23.5
850 to 949	13.8	10.2	18.6	17.6
950 to 1049	3.9	5.7	22.4	26.5
1050 to 1149	2.2	2.3	5.3	2.9
1150 or more	2.2	10.2	15.6	17.6
Total	99.9	100.0	100.0	99.8
Approximate Mean Salary	$695	$690	$880	$895
Standard deviation	$190	$290	$225	$225

[a] Totals vary from 302 and 333 because of not ascertained data.

Three years after completion of their schooling, the students remaining in rehabilitation were averaging nearly $700 a month in income, for an annual salary of about $8500, with approximately 5 percent earning $12,000 or more per year (Table 3). Those who left rehabilitation averaged about the same, but larger proportions were at the extremes of the income scale. Thus 20 percent were earning less than $5000 per year and 12.5 percent were at or above the $12,000 mark. This spread is accounted for on the one hand by some housewives who did not take full time jobs or those who became graduate students in other fields, and on the other hand by those whose departure from rehabilitation represented upward mobility.

A different pattern applied for those already in rehabilitation agencies at the beginning of the study. Their mean income, whether still in their original field or not, was just under $900 per month or about $10,000 per year, with those who had left the field having only a slightly higher average. These comparisons are quite consistent with expectations in looking at newcomers, old timers and "defectors" in a particular line of work, and also with the plaudits and complaints most frequently registered by job incumbents.

The student cohort, the group for which 1968 satisfaction and dissatisfaction data are available, is predominately pleased with its present employment, whether in rehabilitation or out (Table 4). About three quarters are satisfied to some degree, but a larger proportion of those who left rehabilitation are very happy with their work, and only one percent are dissatisfied, compared to seven percent of those who remained in the field. The students who continued in rehabilitation are most apt to find satisfaction in the face-to-face counseling and humanitarian aspects of their jobs, while those who switched fields more frequently refer to the advantages of administration, planning, and autonomy, although the differences are not very great. More marked is the greater tendency for those in rehabilitation to complain of excessive paper work, bureaucratic rules and red tape, or administrative pressures for results. Nearly three quarters of the responses of those in rehabilitation mentioned these disliked aspects, as compared to only half of those who have left the field. On the other hand, when asked to give the reasons for taking their present jobs, the students still in the work for which they were directly trained are more apt to refer to good pay and desirable working conditions, or opportunity for challenge and professional activity. Those out of rehabilitation are more likely to mention their present employment as the only suitable opportunity available, or as offering client contact.

Another indication of varying perceived work rewards is the relative ranking given by the students to a series of seven possible desirable job characteristics (Table 5). Both student subgroups ordered the rewards they were seeking in work in roughly the same way, when the proportions ranking the characteristics in first or second place are compared. The largest majority rated challenging work high, about 75 percent. Next in importance was independence on the job, with around half giving a ranking of one or two. Service to humanity emerged in third place, with about 35 percent giving it a high rating as a desirable job characteristic. Less than a quarter referred to high pay, and even fewer mentioned responsibility for leadership or job security, while easy work was given a high priority by only one person.

Table 4

POSITIVE AND NEGATIVE JOB ATTITUDES, AS EVALUATED BY STUDENT COHORT BY TYPE OF WORK IN 1968[a]

JOB ATTITUDE	Students In rehab	Students Not in rehab
	N=162	N=69
Satisfaction	%	%
Very satisfied	29.0	39.1
Satisfied	45.1	39.1
Somewhat dissatisfied	18.5	20.3
Dissatisfied	7.4	1.4
Total	100.0	99.9
	N=163	N=69
Aspect Liked Best	%	%
Face to face counseling	36.8	30.4
Helping others	13.5	7.2
Administration and planning	20.8	21.7
Autonomy	39.3	44.9
Miscellaneous (specific client services, public relations, etc.)	15.3	30.4
Total	(b)	(b)
	N=154	N=67
Aspect Liked Least	%	%
Paper work	46.1	37.3
Bureaucratic rule	19.5	14.9
Pressure for results	5.8	1.5
Lack of resources, failures in service	26.0	28.4
Other	14.9	26.9
Total	(b)	(b)
	N=169	N=78
Major Reason for Taking Present Job	%	%
Only suitable one available	5.3	14.1
Pay, conditions, location, or other personal advantage	60.9	39.7
Opportunities for learning, autonomy, challenge	42.0	37.2
Professional characteristics of agency	23.1	17.9
Client contact	8.9	19.2
Other	8.3	14.1
Total	(b)	(b)

[a] Total varies from 302 because of not ascertained data. The unemployed and those continuing as students are not included in this table.

[b] Percentages total to more than 100% because of multiple responses.

Table 5

RELATIVE IMPORTANCE OF WORK CHARACTERISTICS, AS EVALUATED BY THE STUDENT COHORT BY TYPE OF WORK IN 1968[a]

WORK CHARACTERISTIC AND RANKING	Students In rehab	Students Not in rehab
	N=188	N=101
Challenging Work	%	%
Ranked 1&2	71.3	74.3
3&4	21.3	19.8
5–7	7.4	5.9
Total	100.0	100.0
	N=186	N=100
Service to Humanity	%	%
Ranked 1&2	32.3	36.0
3&4	38.2	35.0
5–7	29.6	29.0
Total	100.1	100.0
	N=179	N=91
Easy Work	%	%
Ranked 1&2	.5	0.0
3&4	1.7	2.2
5–7	97.8	97.8
Total	100.0	100.0
	N=185	N=101
Responsibility for Leadership	%	%
Ranked 1&2	15.7	17.8
3&4	45.4	35.7
5–7	38.9	46.5
Total	100.0	100.0
	N=187	N=100
High Pay	%	%
Ranked 1&2	24.1	15.0
3&4	33.6	52.0
5–7	42.2	33.0
Total	99.9	100.0
	N=185	N=99
Job Security	%	%
Ranked 1&2	7.6	6.0
3&4	20.6	16.2
5–7	71.9	77.8
Total	100.1	100.0
	N=188	N=101
Independence on the Job	%	%
Ranked 1&2	45.2	52.5
3&4	39.9	36.6
5–7	14.9	10.9
Total	100.0	100.0

[a] Totals vary from 302 because of not ascertained data.

The only job characteristics which differentiated the students by type of current employment were interest in high pay and a desire for independence on the job. A larger proportion of those still in rehabilitation rated high pay first or second choices in evaluating work, while relatively more of those out of the field gave this order of importance to independence on the job. Variations were small however, suggesting that decisions affecting type of job had not materially affected attitudes towards work when these attitudes were measured some time after the employment locale had been selected.

Another type of reward experienced in professional employment situations is a positive relationship with supervision, which offers opportunity for technical learning and personal growth. In this respect, those who had left rehabilitation work viewed themselves as having a clear edge. Only 59 percent of rehabilitation staff rated their supervisors as excellent or good, as compared to 74 percent of those who had left the field. Similarly 28 percent in rehabilitation considered their supervision only adequate, and 18 percent saw it as poor or very poor, with the comparable figures for the defectors only 14 percent and 12 percent respectively.

The reasons given for these evaluations are instructive. The most frequently mentioned favorable comments among those in rehabilitation focused on the creativity of the supervisor, and his willingness to allow freedom on the job, while those out of the field referred to the capability, intelligence and fairness of their superordinates. About a third in each work situation gave this explanation for their favorable viewpoints. The most common complaint against supervision in both groups concerned ineffectiveness, and old fashioned methods. There are, however, no sharp differences between the two work settings with respect to the type of benefit or complaint which explains the positive or negative evaluations given. Thus the rationales are similar, but the payoffs in better supervision are more likely to occur outside the rehabilitation field. This may be due in part to the differences in educational level between supervisors or administrators and counselors. The students have been trained in an MA program, while many in higher levels in the hierarchy have not enjoyed such training.[9] Tensions between the claims of academic expertise and the claims of on-the-job experience are an expected consequence.

One other set of variables for both the student cohort and the National Sample of practitioners describes the rewards and expectations associated with working in or out of the field. Possible reasons for remaining in or leaving rehabilitation distinguish the groups (Table 6). Former students and practitioners stay in the field because of their commitment to helping others and job satisfaction, with about half of each group referring to these explanations. However, proportionately more practitioners mentioned being locked into their jobs by circumstances, although the number is small, less than ten percent. Reasons given by the defectors for leaving do vary by the analysis group. The former students are more apt to attribute their job change to general dissatisfaction or personal reasons, while the former practitioners focus on offers of advancement involving more money and prestige, with few giving personal problems as a rationale.

Moving away from identification with one's own activities to a more general evaluation of the basis for occupational change in rehabilitation, there emerged more marked differences between stayers and defectors in the two comparison groups. Among the students

Table 6

REASONS FOR REMAINING OR LEAVING REHABILITATION WORK, AS GIVEN BY STUDENT COHORT AND NATIONAL SAMPLE PRACTITIONERS, BY TYPE OF WORK IN 1968[a]

	Students		Practitioners	
	In rehab	Not in rehab	In rehab	Not in rehab
Own Reasons for Staying in the Rehabilitation Field	N=132 %[b]		N=262 %[b]	
Job satisfaction	51.5		55.7	
Helping others, commitment	50.0		45.8	
Autonomy, challenge	22.0		17.9	
Salary, security, status	21.2		21.4	
"Locked in" by circumstances	4.5		9.5	
Own Reasons for Leaving the Rehabilitation Field		N=60 %		N=27 %
Job dissatisfaction		36.7		40.7
Opportunity for service, challenge		28.3		22.2
Offered more money, prestige		33.3		59.2
Personal reasons		30.0		11.1
Type of Person Likely to Remain in the Rehabilitation Field	N=169 %	N=80 %	N=257 %	N=27 %
Has humanist philosophy	41.4	52.5	48.2	29.6
Likes working with people	18.3	15.0	19.1	11.1
Mature, stable, pragmatic	53.2	30.0	33.8	40.7
Satisfied with working conditions, etc.	14.8	11.2	13.6	3.7
"Locked in" by circumstances	8.9	17.5	12.1	18.5
Unambitious, willing to be underpaid, etc.	22.5	27.5	24.1	37.0
Reasons Why People Leave the Rehabilitation Field	N=187 %	N=91 %	N=263 %	N=35 %
Professional advancement	17.1	16.5	12.7	8.6
Low pay	39.0	36.3	46.3	42.8
Poor administration	29.9	29.7	24.2	22.8
Job dissatisfaction	36.9	50.5	22.8	45.7
Poor or disinterested worker	24.6	14.3	30.6	14.3
Emotional strain of work, etc.	17.1	13.2	16.0	11.4
Changes Needed to Maintain Staff	N=186 %	N=85 %	N=264 %	N=29 %
None	.5	2.4	.8	0.0
Better administrative practices	43.5	34.1	34.8	27.6
Improved salaries and working conditions	59.7	65.9	67.0	69.0
Professionalization, training	21.0	18.8	30.3	24.1
Define jobs, improve work satisfaction, other	37.1	35.3	30.7	27.6

[a] Totals vary from 302 and 333 because of not ascertained data.

[b] Percentages total more than 100 percent because of multiple responses, for all variables.

still in the field, the belief is that mature, stable pragmatically oriented individuals are most likely to remain, although about a third of the responses are critical in tone, explaining failure to change by inability to move, lack of ambition, and the like. Students who quit rehabilitation work attribute a humanistic ethos to the stayers, but almost half of the comments similarly criticize those who remain as "locked in" or unambitious. A different pattern is noted among the practitioners, where most of the stayers attribute such action generally as due to humanistic motives, while most of the defectors offer personal maturity and stability as one major explanation. Again, however, perjorative comments about being stuck on the job, or being a stick-in-the-mud type, occur in both categories, but more commonly among the defectors.

As for the general responses concerning why a person would leave rehabilitation work, both former students and practitioners who are still in the field in 1968 suggest low pay most frequently, although job dissatisfaction runs a close second among the students. Over 40 percent of both groups interpret leaving in terms of personal failure, however, indicating that people switch fields because they are unsuccessful workers, or disinterested, or unable to stand the emotional pressure of rehabilitation service. Among those who have quit, such a critical explanation of their type of action is, understandably, less common, and attention among both former students and practitioners focuses on job dissatisfaction and low pay.

In fact, the need to improve the salaries and working conditions is unequivocably the leading change suggested by both former students and practitioners, in and out of the field, to maintain staff in rehabilitation. From 60 to 70 percent in each analytic category suggest these practical, material benefits as the answer to staff turnover. Practitioners, however, are somewhat more likely to refer to the need to professionalize and offer training opportunities than are the students, while the students, only recently in academia, are more apt to suggest improvements in administrative practices and bureaucratic procedures in the work setting.

A configuration of occupational concerns is discernible in these data. The ideal of service, interpersonal contact and humanistic goals are common rationales for the rehabilitation worker, although complaints about wages and working conditions and organizational constraints are definitely part of the over-all picture. Professionalism as an attraction or deficiency in the work place is a problematic component.

Autonomy, as the chief behavioral element of professional status, is a desirable work attribute, and for many was the basis for accepting a particular job. The role of the supervisor in protecting the professional autonomy of a practitioner is a principal factor in his favorable evaluation, particularly by those still in rehabilitation. Yet the frequency of administrative complaints and references to the need for improvement of administration practices argues that the clash between professional and organizational imperatives continues unresolved. In this context even the demand for an improved salary scale takes on a new dimension: high monetary rewards are the mark of the successful professional, but control of costs - including personnel salaries - is a requirement of a successful bureaucracy. Even in the dollar arena, the professional-organizational battle is joined.

One obvious issue, and one we have not specifically examined in this analysis because of our focus on professional-administrator perceptions, feelings and interactions, is the precarious condition of the rehabilitation delivery system. Multiple demands and changing mandates, along with a "birth-quake" of organizational components — personnel, both professional and non-professional, and clients with non-traditional vocational problems — have resulted in unstable procedures and operations during this period of transition to a modern rehabilitation system. Harmonization or creating a state of controlled ambivalence between the professional and administrator can only come along with a revamping of the current rehabilitation work structure.

PREDICTING OCCUPATIONAL FUTURES - IN OR OUT OF THE FIELD

Various demographic, attitudinal and experiental characteristics as measured in 1965, when the students were completing their training, can be used to predict the likelihood that their work will be in the rehabilitation field three years later. These data are useful in forecasting student occupational outcomes because a large enough number of students actually left the field to permit comparisons between categories of predictor variables with respect to percentages of stayers and leavers. Among the National Sample of practitioners, on the other hand, turnover rates were much lower,[10] and therefore more difficult to relate meaningfully to 1965 statuses and beliefs. Furthermore, the lower practitioner defection rate is undoubtedly a function of the fact that much personnel turnover occurs during the early years of employment; the practitioners already had an average tenure of about five years in 1965. Thus, the discussion which follows refers to the student group only.

Student demographic characteristics vary considerably in their predictive utility (Table 7). Those aged under 25 are more likely to leave the field (38 percent) than those aged 40 or over (26 percent), although the decline in departure rates is not linearly related to age. Indeed the lowest proportion of defectors (22 percent) occurs among those aged 30 to 34. Men are less apt to leave the field than women. Only half the women were still in rehabilitation three years later, as compared to 70 percent of the men. On the other hand there is little to choose between single and married persons as to stability in the field. Only the formerly married are markedly more stable: less than 20 percent of the persons who are divorced, separated or widowed quit rehabilitation work.

Prior work histories also differentiate outcomes. Persons who had never had full time jobs before their training were least apt to remain in the field: 40 percent were not in rehabilitation work three years later. Those whose highest status former occupation had been administrative had the lowest defection rate, as less than 25 percent were employed out of the field at the end of the period. A somewhat different pattern emerges when prior work histories are evaluated in terms of the career concept. An occupational career is defined as a consistent pattern of work in a particular occupational field, in which the individual has been employed for a sufficient length of time to suggest a career commitment. In this study, an unbroken five year work history is taken as indicating a career. On this basis, those previously in some type of lower white collar or blue collar employment career are most likely to remain in rehabilitation work. Although the

Table 7

DEMOGRAPHIC PREDICTIONS TO 1968 STUDENT OUTCOMES

1965 CHARACTERISTIC	Occupational Outcomes				
	In rehab	Not in rehab	Unemployed	Total	
	%	%	%	No.	%
Age					
Under 25	54.4	38.0	7.6	79	100.0
25 to 29	64.9	33.0	2.1	94	100.0
30 to 34	74.0	22.0	4.0	50	100.0
35 to 39	65.9	31.7	2.4	41	100.0
40 or over	65.8	26.3	7.9	38	100.0
Sex					
Male	70.2	28.4	1.4	208	100.0
Female	50.0	38.3	11.7	94	100.0
Marital Status					
Single	62.4	32.5	5.1	117	100.0
Presently married	63.8	31.9	4.2	163	99.9
Formerly married	76.2	19.0	4.8	21	100.0
Highest Status of Prior Employment					
No job	53.7	40.2	6.1	82	100.0
Professional or business	65.7	30.0	4.3	140	100.0
Administrator	71.9	21.9	6.3	32	100.1
Other white collar	73.1	26.9	0.0	26	100.0
Blue collar	63.2	31.6	5.3	19	100.1
Prior Career					
None	61.2	33.7	5.1	196	100.0
Other rehabilitation	82.4	17.6	0.0	17	100.0
Social service, medical	61.4	34.1	4.5	44	100.0
Business	75.0	12.5	12.5	16	100.0
White collar	87.5	12.5	0.0	8	100.0
Blue collar	100.0	0.0	0.0	6	100.0
Other	46.7	53.3	0.0	15	100.0
Personal Disability					
None	62.7	32.5	4.8	228	100.0
Visual	73.9	26.1	0.0	23	100.0
Neuro-muscular-skeletal	73.3	20.0	6.7	15	100.0
Other	59.3	33.3	7.4	27	100.0

number is small, the finding is consistent with the notion that those whose change to rehabilitation work represents a long upward mobility step are most likely to stay at this point on the status ladder. Leaving aside a miscellaneous "other" category which includes former housewives, the prior careerists most likely to leave rehabilitation are those formerly in social service or medical fields, whose previous experience could be expected to offer numerous options beyond rehabilitation work.

The presence of personal disability might be expected to steer individuals to a rehabilitation career. Yet the data on this demographic characteristic indicate relatively minor variations, considering the number of cases involved. About 75 percent of those with a serious visual problem or with a bodily handicap restricting free movement were apt to have remained in rehabilitation work, as compared to 63 percent of those with no disability, and 59 percent of those with some other ailment. The differences are insufficient to argue a process of occupational selection, particularly in a period when prejudice against hiring the handicapped in <u>any</u> job is diminishing.

The students' self-image as counselors, as measured in 1965, might also appear to be a useful indicator of a counseling career, on the grounds that those who attributed "ideal counselor" characteristics to themselves should be likely to remain in rehabilitation counseling, while those who see themselves as having negative characteristics in this area should be more likely to leave the field. The data show that those with the most negative self-image are somewhat more likely to defect, and similarly those with the most positive self-view are more apt to remain, but differences are so small as to be within chance expectations.

The students' educational experiences, specifically with respect to graduate training, reveal differential retention patterns (Table 8). Those in rehabilitation counseling training programs who defined their field of study as psychology were most likely to be found outside rehabilitation three years later (45 percent), while those who saw themselves as studying rehabilitation counseling as such were least likely to have defected (28 percent).

Table 8

EDUCATIONAL EXPERIENCES PREDICTING TO 1968 STUDENT OUTCOMES

EDUCATIONAL EXPERIENCES	Occupational Outcomes: In rehab %	Not in rehab %	Unemployed %	Total: No.	Total: %
<u>Field of Study</u>					
Psychology	50.0	45.4	4.5	22	99.9
Rehabilitation counseling	66.2	28.4	5.4	222	100.0
Guidance or special education	59.5	37.8	2.7	37	100.0
Other	60.0	40.0	0.0	15	100.0
<u>Financing of Study</u>					
90–100% VRA support	64.3	30.1	5.6	143	100.0
50–90% VRA support	67.4	30.2	2.3	86	99.9
Less than 50% VRA support	60.9	39.1	0.0	23	100.0
No VRA support	60.4	31.3	8.3	48	100.0

The extent to which students received Vocational Rehabilitation Administration stipends to assist in financing their studies showed very little consistent effect on occupational outcomes, however. Those who had 90 to 100 percent of their way paid, as well as those who financed their studies entirely on their own, were almost equally likely to quit rehabilitation within three years after graduation - about 30 percent in each case. A higher defection rate - nearly 40 percent - characterized those who had received some support from VRA, but less than half of the total cost, but the number of cases is relatively small, so this percentage may be idiosyncratic.

Very wide differences in outcomes are related to the particular school at which the training was received (Table 9), ranging from no losses at the Universities of Alabama and Iowa, to two thirds or more leaving the field after attending the University of Kentucky, the University of Minnesota, or the University of Hawaii. At each of these locales, however, the number of graduates was six or less. Larger graduating cohorts evidenced a somewhat less dramatic variation. Among schools turning out 20 students, Boston University and Springfield College had a 60 and 70 percent retention rate, respectively, after three years, while Michigan State University had only 40 percent of its trainees remaining in the rehabilitation field. As for schools producing between 10 and 20 graduates in 1965, San Francisco State College showed the highest retention rate of 94 percent, followed by 82 percent from Hunter College and 75 percent from the State University of New York at Buffalo. It might be argued that the minimal losses at these schools are a result of the desirable working conditions for rehabilitation counselors in their host states of California and New York, were it not for the fact that in the same category of graduating class size, Columbia and New York Universities, also in New York State, have very low retentions - 33 percent and 57 percent respectively. These two last mentioned universities are "doctorate oriented" and students in these programs may be enroute to higher degrees.

An indicator of 1968 work roles emerged in 1965 student views on the professionalism level of their future occupation (Table 10). Perception of the professionalism of rehabilitation counseling was measured by respondent's placement of the occupation on a 9 point scale ranging from equivalence to a welfare social worker (0) through clinical psychologist (4) to physician (8).[11] Only half of those who placed the work at the lowest end of the scale were still in the rehabilitation field three years later, as compared to two thirds to three fourths of those who gave it a middle rank. High rankers were almost as likely to leave the field as low, although the number of cases is so small as to make percentages unreliable at this level.

A second professionalism measure combines respondents' images of typical role behavior in the field, rated by the research team as to consistency with a professional model.[12] On this index, there is nearly a linear relationship between students' pre-entry beliefs and their later work locales. Only about half with negative views were still in the rehabilitation field three years after their schooling, as compared to over three quarters of those with the most positive role images. Beliefs on the benefits of professionalism distinguish defectors and stayers in a similar fashion. Sixty percent of those who saw benefits as accruing chiefly or partly to the staff in terms of status and working conditions remained in rehabilitation as compared to more than 70 percent of students who visualized benefits as applying entirely to the client in terms of better services.

Table 9

1965 TRAINING SCHOOL AS PREDICTOR OF 1968 STUDENT OUTCOMES

TRAINING SCHOOL	In rehab	Not in rehab	Unemployed	Total	
	%	%	%	No.	%
University of Puerto Rico	50.0	50.0	0.0	8	100.0
University of Alabama	100.0	0.0	0.0	6	100.0
University of Illinois	80.0	20.0	0.0	5	100.0
University of Iowa	100.0	0.0	0.0	4	100.0
Boston University	70.0	25.0	5.0	20	100.0
Michigan State University	40.0	55.0	5.0	20	100.0
Wayne State University	57.1	28.6	14.3	7	100.0
University of Minnesota	0.0	83.3	16.7	6	100.0
Columbia University	33.3	50.0	16.7	12	100.0
New York University	57.1	28.6	14.3	14	100.0
Syracuse University	75.0	25.0	0.0	4	100.0
Oklahoma State University	80.0	20.0	0.0	5	100.0
Pennsylvania State University	50.0	50.0	0.0	4	100.0
University of Pittsburgh	75.0	25.0	0.0	4	100.0
University of Utah	50.0	50.0	0.0	6	100.0
University of Wisconsin	70.0	30.0	0.0	10	100.0
State University of New York at Buffalo	75.0	16.7	8.3	12	100.0
University of Arizona	57.1	42.9	0.0	7	100.0
Colorado State College	85.7	14.3	0.0	7	100.0
University of Florida	71.4	14.3	14.3	7	100.0
University of Hawaii	25.0	75.0	0.0	4	100.0
Southern Illinois University	62.5	37.5	0.0	8	100.0
University of Kentucky	0.0	66.7	33.3	3	100.0
Springfield College	60.0	35.0	5.0	20	100.0
University of Missouri	75.0	25.0	0.0	4	100.0
Seton Hall University	44.4	55.5	0.0	9	99.9
Hunter College	81.8	9.1	9.1	11	100.0
Kent State University	69.2	30.8	0.0	13	100.0
University of Oregon	50.0	50.0	0.0	6	100.0
Texas Technological College	72.7	27.3	0.0	11	100.0
Richmond Professional Institute	66.7	26.7	6.7	15	100.1
West Virginia University	80.0	20.0	0.0	5	100.0
California State College at Los Angeles	87.5	12.5	0.0	8	100.0
San Francisco State College	94.1	5.9	0.0	17	100.0

Table 10

1965 PROFESSIONALISM LEVELS AS PREDICTING TO 1968 STUDENT OUTCOMES

1965 PROFESSIONALISM LEVELS	Occupational Outcomes: In rehab %	Not in rehab %	Unemployed %	Total No.	Total %
Perception of Professionalism of Rehabilitation Counseling					
Very low score 0&1	53.1	40.6	6.3	32	100.0
2	65.4	26.9	7.7	52	100.0
3	64.6	32.9	2.5	79	100.0
4	65.5	31.0	3.6	84	100.1
5	77.3	18.2	4.5	22	100.0
6	50.0	40.0	10.0	10	100.0
Very high score7&8	61.5	30.8	7.7	13	100.0
Image of Professionalism of Rehabilitation Counselor Role					
Very unprofessional 1&2	54.5	36.4	9.1	11	100.0
3	53.3	35.6	11.1	45	100.0
4	55.0	43.8	1.3	80	100.1
5	71.4	25.5	3.1	98	100.0
6	70.6	23.5	5.9	51	100.0
Very professional 7&8	76.5	17.6	5.9	17	100.0
Index of Individual Level of Professionalism					
Low 1	50.0	50.0	0.0	2	100.0
2	65.2	30.4	4.3	23	99.9
3	52.9	43.1	3.9	102	99.9
4	67.8	26.4	5.8	121	100.0
High 5	75.9	20.4	3.7	54	100.0
Benefits of Professionalism					
Better service to clients	71.7	23.3	5.0	60	100.0
Better status and conditions for staff	59.7	36.1	4.2	72	100.0
Both	60.8	34.2	5.1	158	100.1

In this context, the extent to which the students had themselves taken on the cloak of professionalism through participation in professional associations and reading of relevant journals was also examined as a possible predictor. The Index of Individual Level of Professionalism[13] showed a pattern roughly similar to the other measures, with three quarters of the high professionalism group remaining in the field.

Personal characteristics restricting a free choice of career, and those restricting career success after a choice is made, were scored in two Indices combining demographic and educational factors affecting selection and mobility (Table 11).[14] Career choice restrictions were more predictive of unemployment than of work type. Those with many choice limitations were more apt to be jobless than their more fortunate fellow students, while the proportions of those in work outside the rehabilitation field varied little by Index score. An inverse relationship emerged with regard to career success prospects. Those with fewest handicaps were most likely to quit rehabilitation work: less than half of those with minimal restrictions were still in the field three years after training.

Table 11

INDICES OF 1965 PERSONAL CHARACTERISTICS PREDICTING TO 1968 STUDENT OUTCOMES

		Occupational Outcomes				
		In rehab	Not in rehab	Unemployed	Total	
Index of Career Choice Restrictions		%	%	%	No.	%
Most restricted	1	0.0	100.0	0.0	2	100.0
	2	55.5	33.3	11.1	9	99.9
	3	63.2	30.5	6.3	95	100.0
	4	64.8	30.2	4.9	122	99.9
Least restricted	5	66.2	32.4	1.4	74	100.0
Index of Career Success Restrictions						
Most restricted	1	0.0	0.0	0.0	0	
	2	66.7	0.0	33.3	3	100.0
	3	67.8	28.9	3.3	90	100.0
	4	66.9	30.1	3.1	163	100.1
Least restricted	5	45.7	43.5	10.9	46	100.1
Index of Commitment to Rehabilitation Work						
Low commitment	1	16.7	83.3	0.0	6	100.0
	2	59.7	33.8	6.5	77	100.0
	3	65.7	30.3	4.0	175	100.0
	4	69.8	25.6	4.7	43	100.1
High commitment	5	100.0	0.0	0.0	1	100.0

As might be expected, commitment to the field is a good indicator of staying power. Student scores on an Index of Commitment[15] shows a linear relationship between the two variables: the higher the commitment the lower the defection rate.

Finally the students own statements as to their plans after training are fairly accurate forecasts of outcomes (Table 12). Most of those planning to go into rehabilitation counseling or related fields did so, while the majority of those planning to leave actually left. Students intending to continue with further graduate study were about equally likely to go or stay. The impact of the close relationship between rehabilitation work and government is revealed by the fact that students preferring public agencies were more likely to remain in rehabilitation than those preferring private settings or claiming no preference: nearly 80 percent as against about 55 percent.

Table 12

1965 FUTURE PLANS AS PREDICTING TO 1968 STUDENT OUTCOMES

FUTURE PLANS	Occupational Outcomes: In rehab %	Not in rehab %	Unemployed %	Total No.	Total %
Post-Training Activity Planned					
Additional graduate training only	43.2	48.6	8.1	37	99.9
Rehabilitation counseling and related only	78.4	20.9	.7	139	100.0
Rehabilitation counseling and related, plus training	64.9	28.1	7.0	57	100.0
Leaving rehabilitation	30.0	63.3	6.7	30	100.0
Other	63.6	30.3	6.1	33	100.0
Preferred Future Agency					
Public	79.2	18.9	1.9	106	100.0
Private	55.6	41.3	3.2	63	100.1
No preference	56.6	35.4	8.0	113	100.0
Long Term Goal					
Rehabilitation counseling	58.9	36.7	4.4	90	100.0
Specialized rehabilitation counseling	62.9	34.3	2.9	35	100.1
Rehabilitation administration	80.2	16.0	3.7	81	99.9
College teaching or research in rehabilitation	71.0	25.8	3.2	31	100.0
Counseling or psychology, non-rehabilitation	22.2	63.0	14.8	27	100.0
Other, non-rehabilitation	63.0	33.3	3.7	27	100.0

Long term goals rather than short term intentions indicate an additional facet of the situation. Those students most apt to be loyal to the field of their training are the ones with ambitions to upward mobility within it. Long term goals of rehabilitation administration, or college teaching and research in the field, are marked by 80 percent and 71 percent retention rates. Those with plans to continue as counselors in the long run exhibit less than 60 percent retention. Again, those with goals outside the field tend to leave it.

The overall impression from these data is that they offer some help to recruiters seeking training candidates with a good expectation of pay off on the educational investment. Older individuals, those for whom rehabilitation counseling is a professional occupation and a step upward on the status ladder, persons who are committed to the field, or hope to be upwardly mobile within it, are likely to continue in rehabilitation. But differences between groups are not marked; and these characteristics are not always found simultaneously in the same individual. It seems apparent that persons with aspirations to careers in psychology or counseling, or who plan to go on for advanced degrees, are poor recruiting risks. Those whose interests and educational level are beyond those customarily found in rehabilitation counseling, and whose prospects for upward mobility outside government employment are good, appear least likely to continue in rehabilitation service.

REALITY SHOCK AND DEPROFESSIONALIZATION

Measuring attitude changes over time is a difficult task, because in the present state of research art, unreliability of measurement is so confounded with actual changes in point of view that dis-entangling the two elements is not always possible.

Where the attitudes of two groups, however, are apt to have been measured with equal reliability, differences between the groups over time may be attributed to changes in the attitudes. Unreliability, in short, is presumed to be a constant background "noise", from which "true" variations in beliefs are distinguished by comparing categories of respondents. Furthermore, since unreliability, unlike systematic bias, is presumed to be randomly distributed among items, or at different points in time, patterns of variation among categories of items offer clues to the reality of change, also. These strategies are applicable to determining developments in the students' point of view on their occupational roles, in the course of their on-the-job experience. By comparing evolving student with practitioner evaluations of the professionalism of rehabilitation counseling as well as differences between measured items, modifications in image are discernible.

Eleven elements in the professional level of the occupation were listed and respondents were asked to indicate their agreement with each as applicable to rehabilitation counseling work.[16] In determining whether change in evaluation had occurred, shifts from agreement to ambivalence or disagreement were considered a more negative attitude, while the opposite was conceptualized as a more positive view. On seven of these items, students as a group expressed a more critical stance in 1968 than in 1965, as compared to four items for the National Sample of practitioners (Table 13). This is undoubtedly an indication of "reality shock" experienced by the students when they left the more sheltered atmosphere

Table 13

CHANGES IN ATTITUDES TOWARD ELEVEN COMPONENTS OF THE PROFESSIONALISM OF REHABILITATION COUNSELING, STUDENTS AS COMPARED TO PRACTITIONERS, 1965 to 1968

Applies to rehabilitation counselor	T_1 to T_3 Change by Group: Continued Agreement		Negative Change[a]		Positive Change[b]		Continued Disagreement	
	Practitioners[c] %	Students[d] %	Practitioners[c] %	Students[d] %	Practitioners[c] %	Students[d] %	Practitioners[c] %	Students[d] %
High individual responsibility for client welfare	76.7	65.8	8.5	14.2	10.4	10.7	4.4	9.3
Highly specialized* skills	57.4	45.0	17.9	26.6	13.5	12.1	11.3	16.3
Worthwhile service to humanity	71.7	78.1	11.4	9.3	11.1	10.4	5.7	2.2
Many years of training*# required	25.4	23.8	24.1	26.7	17.1	13.5	33.3	35.9
A self-imposed code* of ethics	53.4	51.5	17.9	23.0	16.3	14.7	12.5	11.2
A body of scientific# knowledge unique to the field	35.3	26.3	22.4	20.3	14.8	14.9	27.4	38.4
Self-imposed standards*# of performance	55.5	49.5	18.6	23.8	12.6	12.8	13.2	13.9
Self-sacrificing concern for welfare of others	25.6	23.5	18.7	18.5	18.7	17.1	37.0	40.9
High prestige in eyes*# of public	13.0	6.8	15.8	17.4	9.8	7.1	61.4	68.7
A powerful professional* association	12.6	10.8	14.2	20.4	9.8	10.8	63.5	58.1
Confidential relationship* with client	79.9	74.8	8.5	13.1	7.8	7.8	3.8	4.3

* Changes within the student group exceed those expected by chance at the .05 level or better: McNemar's test for correlated samples. See A.E. Maxwell, **Analysing Qualitative Data**, New York: John Wiley and Sons, 1961, p. 26.

\# Changes within the practitioners group exceed those expected by chance: at the .05 level or better.

[a] Shift from agreement to disagreement or ambivalence concerning the statement over time.

[b] Shift from disagreement or ambivalence to agreement with the statement over time.

[c] N for practitioners varies from 313 to 319, due to not ascertained data.

[d] N for students varies from 278 to 282, due to not ascertained data.

of academia to become involved in actual work settings. Several changes in opinions concerned the supposed knowledge component of rehabilitation counseling professionalism. More than a quarter of the students lost their belief that the occupation required "highly specialized skills", and a similar number no longer agree that "many years of training are required" to perform the work. Both practitioners and students increasingly doubt that the occupation possesses "a body of scientific knowledge unique to the field", with about a fifth of each group no longer believing that it does, although the student change does not quite exceed chance expectations. There is a loss of belief in the notion of professional autonomy, as about a quarter of the students and nearly as many practitioners have ceased to agree that rehabilitation counselors have "self-imposed standards of performance." Less sanguine views about the ethics, prestige, organizational power and even the necessary confidentiality of the occupation are also expressed by the students over time.

The relationship between diminishing belief in the professionalism of rehabilitation counseling and leaving the field is explored by examining the three year occupational outcomes of those whose rating of rehabilitation counselor professionalism declined in the first year after leaving the school setting. Utilizing the 9 point scale, ranging from a low for welfare social worker to a high for physician, the student cohort was divided into those who exhibited no change in attitude one year after graduation, those with a positive change (higher score) and those with a negative change (lower score), for the occupation (Table 14). Nearly half the negative changers between 1965 and 1966 were out of rehabilitation work by 1968, as compared to less than a quarter of those with a positive change of viewpoint. On the other hand, those whose positive attitudes toward the professionalism of their work was reinforced during their first post-training year were most likely to be in the field two years later: eighty two percent were still in rehabilitation in 1968.

Table 14

RELATIONSHIP BETWEEN CHANGE IN PERCEPTION OF PROFESSIONALISM OF REHABILITATION COUNSELING, 1965 to 1966, AND WORK IN 1968

	Occupational Outcomes			
Perception of Professionalism of Rehabilitation Counseling, 1965 to 1966	In rehab %	Not in rehab %	Unemployed %	Total No.
No change, consistently low	66.7	33.3	0.0	54
No. change, consistently high	81.6	15.8	2.6	38
Changed to higher opinion	68.5	22.8	8.7	92
Changed to lower opinion	47.1	47.1	5.7	87

This same scale of professionalism may also be used to compare practitioner against student change patterns during the three year analysis period. Among both groups the overall shift in attitude was too small to exceed likely random fluctuations. However, it should be noted that in a scale of this kind there are floor and ceiling effects which

inhibit the direction of change: those with low scores at the beginning can only move up, and those with high scores can only drop down. To avoid this phenomenon, attention was focussed on the middle range of the scale, scores 3, 4, and 5, in which 4 was labelled as equivalent to a clinical psychologist. Among both students and practitioners, 70 percent of the respondents replied in this range, and thus their scores were free to vary in either direction over time. Within each group about half did in fact change their opinions. Among the practitioners, however, there was little difference between the proportion of upward and downward shifters, those who saw rehabilitation counseling as less and those who saw it as more professional than before. The students, on the other hand, were in the main less positive in their views: two thirds now evaluated rehabilitation counseling as less professional as against one third rating it more. Although the difference between the practitioner and student patterns is within conventional statistical significance limits, it still is likely to have occurred by chance less than two out of 10 times.

Another indication of the shift towards a less professionalized view of the occupation occurs in the pattern of change in the individual items making up the Role Image Index (see page 22 supra). As compared to three years prior, 18 percent of the students for the first time felt that rehabilitation counseling would never become a highly rated profession, while 26 percent had come to the conclusion that the fact of government employment interfered with carrying out duties in a professional way. 21 percent changed their minds and no longer consider the occupation's tasks as pleasant and 10 percent went so far as to claim the tasks to be emotionally exhausting. Modifications of this magnitude did not occur among the National Sample of practitioners where changes were only in the range of random fluctuations. Both practitioners and students, more than before, considered that rehabilitation counseling was not a life-time work commitment, 14 and 22 percent respectively. This last item is indicative of a de-professionalism trend, since professional occupations typically command the full work life of their members.

Consequences of a less professional role image of rehabilitation counseling can be estimated by examining the consequences of change in image between 1965 and 1966 on work location in 1968. The composite Professional Role Image Index, which combines 17 items including those just discussed, reveals that students who develop a less professional view are more likely to leave the field than those with a more positive outlook (Table 15).

Table 15

RELATIONSHIP BETWEEN CHANGE IN IMAGE OF PROFESSIONALISM OF REHABILITATION COUNSELOR ROLE, 1965 to 1966, AND WORK TYPE IN 1968

Image of Professionalism of Rehabilitation Counselor Role	Occupational Outcomes: In rehab	Not in rehab	Unemployed	Total	
	%	%	%	No.	%
No change, consistently low	57.9	39.5	2.6	38	100.0
No change, consistently high	72.7	22.7	4.5	66	99.9
Changed to lower opinion	56.4	39.4	4.2	94	100.0
Changed to higher opinion	67.0	26.6	6.4	94	100.0

Forty percent of those who had changed to a lower opinion of the profession one year after leaving school were out of the rehabilitation field two years thereafter, about the same percentage of defectors as occurred among those with consistently low opinion of these professional roles. By comparison, only about a quarter of those with consistently high or a trend to high opinions of rehabilitation counselor professionalism on this measure were found outside the field in 1968.

The implication of these findings is that the students exhibit symptoms of "reality shock" by expressing negative views of the profession after having been exposed to life on the rehabilitation counseling job, and expressing these opinions more frequently than the practitioners who have over time become inured to work life realities. The pattern is consistent with respect both to professional characteristics as they apply to the occupation and to the nature of the roles involved in counseling the disabled. This conclusion is to be expected, since it is common among neophytes whose anticipations are likely to exceed actual job circumstances and benefits.

Less expected, except in the context of a general trend to deprofessionalization, is the consistency with which both practitioners and students denigrate the knowledge and training base of their occupation. This is particularly apparent in the 11 item evaluation of the characteristics of the profession, since in this section the knowledge factor is at issue. Skills, training and scientific undergirding are questioned by more students and practitioners in 1968 than in 1965, and both groups also increasingly doubted the related factor of autonomy in setting one's own standards, a power rooted in the intellectual expertise of the professional. It is not possible to determine the extent to which this is a response to the pressure of non-professionals and indigenous workers in rehabilitation who claim a natural ability to assist others in meeting problems of personal adjustment, or the extent to which it reflects a more general public attitude downgrading the professional as distant and elitist.[17] In any event, the outcome is a tendency toward a diminution of the professional image. At a time when the field is on the verge of establishing the validity of its claims to professional status, the prize has lost some of its savor.

OUTLOOK FOR THE FUTURE

The future course of the student cohort, as it continues in the world of work, is problematic. One set of data offers an indication of the pathways being considered - the job offers and work goals of the group.

Most students, whether in rehabilitation work or elsewhere, were not actually seeking a different job when they were surveyed in 1968: three quarters of both groups were out of the job market. On the other hand, nearly two thirds of each category would have given serious consideration to a new job offer if it had been made (Table 16). Possible change patterns show a tendency to remain in the same relationship to the rehabilitation field as provided by the current job. Thus, among those in the field, only 16 percent would think of moving out, in response to an unexpected opening, to such areas as school counseling,

Table 16

FUTURE PLANS AND POSSIBILITIES OF THE STUDENT COHORT,
BY TYPE OF WORK IN 1968

JOB OUTLOOKS	Occupational Outcomes		
	In rehab	Not in rehab	Unemployed
Job Would Seriously Consider if Offered Currently	N=189[a] %	N=84[a] %	N=12[a] %
None	28.0	31.0	33.3
Rehabilitation counselor	8.5	13.1	16.7
Rehabilitation supervision or administration	24.9	6.0	16.7
Rehabilitation college teaching or research	11.1	2.4	0.0
Any better job	11.6	2.4	16.7
Counseling, school or other agency out of rehab.	8.5	25.0	8.3
Business, personnel, sales	5.3	3.6	0.0
Social work, health, parole	1.6	3.6	0.0
Other college teaching or research	.5	13.1	8.3
Total	(b)	(b)	(b)
Job Goal for 1973	N=172[a] %	N=78[a] %	N=8[a] %
None	1.7	5.1	37.5
Rehabilitation counselor	15.7	7.7	37.5
Rehabilitation supervision or administration	48.2	15.4	12.5
Rehabilitation college teaching or research	18.0	3.8	12.5
Counseling, school or other agency out of rehab.	8.1	30.8	0.0
Business, personnel, sales	2.9	10.2	0.0
Social work, health, parole	2.3	2.6	0.0
Other college teaching or research	2.9	24.4	0.0
Total	(b)	(b)	(b)

[a] N totals less than 302 because of not ascertained data.

[b] Totals exceed 100% because of multiple responses.

business or other non-rehabilitation work. On the other hand, among those already out of the field, only about a quarter would return if a job were suddenly offered. However, it is significant that some 13 percent of those not in rehabilitation work might be willing to return to a straight rehabilitation counseling job if it were proposed.

A similar tendency to remain in their current relationship to rehabilitation is shown by expressed work goals for 1973, five years later. Half of those in rehabilitation see themselves as administrators, up the bureaucratic ladder, and another 18 percent expect to be in the halls of ivy, teaching or doing research in rehabilitation. Only 16 percent have expectations outside the field, and then chiefly in some form of counseling. Those who have already defected have a somewhat different goals pattern. The major focus is on counseling in a school, or in some form of private practice or non-rehabilitation agency: over 30 percent express these intentions. Nearly a quarter intend to be doing college teaching or research, although not in the rehabilitation field, and 10 percent expect to be in some business or sales work. Over a quarter, however, intend to return to rehabilitation, with most of these thinking in terms of an administrative job, not necessarily a realistic objective for those who have not chosen to come up through the ranks.

Although not actively seeking work, most of the students were keeping their eyes and ears open for possible opportunities, more so if in the field than out of it. Over two thirds of those currently with rehabilitation jobs were keeping track of openings through professional journal news, personal contacts or both. Among those not in rehabilitation only 40 percent were similarly alert for a new chance.

The data suggest that persons only three years out of their professional training experience are still not at all settled in their work roles or work settings. In their openness to unexpected opportunities, their exploration of possible available jobs, and willingness to move into or out of the rehabilitation field, the students still exhibit an indeterminate orientation to their future careers. In the absence of comparative data, it is impossible to say whether this fluidity is in excess of that found in other disciplines, or if it is "normal". One conclusion is inescapable, however: this level of uncertainty is inconsistent with a powerful commitment to rehabilitation counseling as a distinct profession. As long as the expectation among practitioners, whether neophytes or old timers, is not a life-long dedication to a rehabilitation counseling career, it is doubtful whether a view of their work as a profession has crystallised among job incumbents.

RECRUITMENT, RETENTION AND PROFESSIONALISM

In the context of challenges to the theoretical knowledge base even of old-line professions, and encroachment on their autonomy of practice both from bureaucratic rules and client demands, what can be projected as the future course of rehabilitation counseling as an occupational group still straining for the professional label? The input from information about a group of recent trainees, the 1965 student cohort which is the subject of this paper, is not highly encouraging.

The students' socialization experiences in graduate training were sufficiently diffuse to allow nearly a third to leave their field promptly after school completion. On-the-job experience in their first work year did not compensate for earlier weaknesses in building commitment. In fact, some became increasingly disenchanted with the importance of specialized knowledge and training requirements, and more doubtful of the professional claims of the occupation and of the rehabilitation counseling role. Not surprisingly, these were most likely to be missing from rehabilitation counselor ranks two years later. Although disenchantment also affected the comparison group of similarly educated practitioners who had already been in the field for several years, it was much less marked, and hardly exceeded random fluctuations in most instances. In any event, less than an eighth left rehabilitation work over the three year period. If, as is likely, this comparison group represents the residue after early defectors have already been drained away, the "low" turnover rate is a much less sanguine sign. Furthermore, the students, who are still moving around from job to job, are less likely with each succeeding move to go into public agencies, where the bulk of the "bread and butter" in rehabilitation counseling is performed.

If the lure of professional status is insufficient to keep individuals with MA degrees in rehabilitation, what other more mundane field conditions can hold the ranks intact? Autonomy, along with freedom from the paper work and other nuisances of a bureaucratic setting, are chief desiderata of the newcomers. But these desires are difficult to achieve by any profession whose base of operations is a large scale organization. They become even more problematic for an occupation whose claims to professionalism have not yet been fully validated, and which is practiced so largely in government settings. In a group which ranks challenging work and independence on the job as the top two desirable employment characteristics, however, ways in which to increase autonomy, even in bureaucracies, must be found if turnover is to be minimized.

It is true that much pain can be alleviated by the salve of high salaries, but here too the rehabilitation counselor is not in an advantageous position. Among both students and old line practitioners, those who have left the field have a better chance at higher income. In fact, low pay is given by all groups as the dominant reason for leaving rehabilitation work, while sizable minorities suggest the only reasons anybody at all stays is because they are unambitious or trapped. Better salaries are the most common proposal for increasing stability in the field, with better administrative practices second. These demands, it will be noted, are like those which any group proposes to improve its position in the labor market in general, and in any work organization in particular.

Under these conditions, the weakness of specific demographic, physical, or prior work characteristics of students in predicting staying power in the field is not surprising. Even if these factors were useful in identifying types of persons who would enter rehabilitation counseling, they are of less utility in forecasting the reaction to bureaucratic encroachments on autonomy, or to governmental-legislative blocks to higher incomes and upward mobility. Organizational imperatives intervene between early interests and later decisions to remain loyal to a rehabilitation career. Indeed, some of the findings underscore this interpretation. Changes in attitudes toward the professionalism of the occupation and its

roles, occurring as a result of the first year in a work setting, are among the better indicators of continuance in rehabilitation work two years thereafter.

Going on in the face of bureaucratic difficulties and rejecting the lure of more freedom and money outside rehabilitation requires strong commitment to the field. It is apparent that negative commitment, in the sense of loyalty springing from the fact that other employment doors are closed, is no longer, if it ever was, sufficient to bring and keep personnel in this type of endeavor: the Index of Restrictions in Career Choice does not distinguish between leavers and stayers. A more positive commitment, specifically attached to rehabilitation counseling, is needed, and identification of this sort typically develops as part of the socialization process in the professional training experience.

Considerable variability in the extent to which such socialization to commitment occurs during rehabilitation counselor training is suggested by the data. When the percentage in rehabilitation work three years after graduation varies from 0 to 100 percent among the cohort of graduate schools, the implication of differential teaching outcomes is rather clear. Further evidence of variations in commitment appear in relation to the formal field of graduate study. The lowest rate of defection occurs for rehabilitation counseling as such; other disciplines, where dedication to rehabilitation is likely to be less, show higher losses. Commitment, however measured, whether by the respondents' own level of professionalism, exemplified in journal readership and rehabilitation counseling association membership, or by expressed future goals, or by the separate Commitment Index, consistently predicts well to a continued career in the field.

If rehabilitation goals are to succeed in a society where both the needs and the opportunities for restoration are expanding, the manpower problem must be solved. One solution used in the past has been the path to professionalism. But increasingly workers in the service profession are questioning the extent to which one hallmark of a profession - esoteric theoretical knowledge - can be claimed by their craft, and the viability of the professional model of practice is consequently under wide-spread attack. One element of professionalism which has perhaps received insufficient direct attention is the socialization process which produces commitment to an occupational area. If this commitment can be firmly linked to the service orientation which an occupation requires in order to fit the professional image, it may be possible to command loyalty to a field even under circumstances where a unique knowledge base is still problematic, or still in the course of development.

SUMMARY AND CONCLUSIONS

Summarizing and reaching conclusions in any study are two of the more difficult tasks of the researcher. Those elements which the investigator teases out of a vast array of findings for special mention may not be perceived as the most pertinent by readers of the study. Therefore, it behooves the reader to consider the authors' theoretical stance, since all researchers have particular ways of looking at things and this affects their interpretation of what they observe.

Organizational analysis, or the analysis of organizational behavior as it is sometimes identified, is a broad rubric covering such items as work systems, occupations and professions, administrative behavior, forms of structure such as bureaucracy, and the like. The organizational elements and the settings in which rehabilitation counselors and other professionals work are viewed as constituting the rehabilitation system. Organizational analysis thus offers a theoretical framework which may help explain the modifications, perceptions, attitudes and feelings of students and administrators about the rehabilitation counseling role and the profession.

It is apparent that the rehabilitation system over the past five years has undergone an accelerated, cataclysmic, and "birthquake"-like growth because of changing mandates, bases of government support, expanding objectives, and the entrance of new career-type professionals who are not oriented toward the traditional norms of professionalism and the concommitants of authority and power. The system has been so "shook up" that the usual stable core found in any human service system finds itself caught in the tide of indecision, uncertainty and discomfort about its self-image, its work system, and its responsibilities. The thrusts upon the system from all sectors of the society, from the clients to the government which bears the largest financial costs of rehabilitation, have been so intense that the rehabilitation work system has not been able to handle the consequences of these inputs in the more traditional manner of stable induction and indoctrination of newcomers to any organizational system. The rehabilitation enterprise has not had an orderly process of expansion which would have introduced new ideas in terms of goals, policies and practice over the long haul and effectively integrated them into a modified rehabilitation system.

This theoretical conceptualization of organizational behavior, and the events which have led to rehabilitation system uncertainty, "fit" the data regarding defections from the field, loss of professional image, and questioning the appropriateness of and need for current rehabilitation roles. The most serious problem is the high incidence of defection among the relatively young graduates of the government-supported program in rehabilitation counseling. An associated issue is the high rate of loss of counselors from public agencies, those work systems which have major responsibility for rehabilitation in this country.

Intensive analysis of the reasons why people elect to stay in or leave the field suggests that in addition to the usual pattern of upward mobility of young people, who may use the rehabilitation counseling training program as the means for achieving other objectives, at least a partial explanation of the high rate of exodus is that the rehabilitation system has not been able to obtain its true objectives. It has not met government requirements in order to get enough subsidies to carry out its work, nor has it absorbed the increasing number of clients who come to it under an expanded mandate. It has not effectively integrated into the system, either in technical operations or on an intellectual level, the newly recruited supportive personnel. The major complaints of those who have left the field are that there is a need to improve salaries and working conditions. There is general agreement among those who have remained that challenging work, independence and service are important characteristics related to satisfaction with their work. The large

number of defectors indicates that the work system has not been able to accommodate to the needs of professionals who find their working conditions less than they expected, their pay not commensurate with their position in the system, and who at the same time yearn for autonomy as well as a challenge in their work. Given the tumultuous condition of the rehabilitation system, it would seem empirically that counselors would be challenged in terms of modifying their roles so that they could be effective mediators and facilitators of the rehabilitation process. It appears, rather, that most training schools have not caught up with the realities of the social issues and problems which confront the society. The managerial expertise necessary for working within a broader perspective of cause and effect has not penetrated the training systems sufficiently, and the counselor has missed the challenge and importance of the new situation, in his traditional focus on seeing an individual patient reach maximum benefits under a program or placement in productive employment.

There are other factors which contribute to the staying power of rehabilitation counselors in the field. These should not be overlooked and may in fact be equally important to the anomic state of the rehabilitation system today. The older person who has had a prior career, or an individual whose training has been in rehabilitation counseling, is more apt to stay in the field than a younger counterpart with no prior career, or one who took a training program with a heavy focus in clinical psychology. Whether or not a person is funded under a government program has little relationship to his defecting from the field. The size of the training program or the quality of the university in which it is held also appear immaterial to long range outcome. On the other hand, a high self-image, a favorable conception of the professionalism of the rehabilitation counseling role, a strong commitment to the field, or an indication at the time of graduation of long-range goals for an upwardly mobile career in rehabilitation, are good predictors of staying in rehabilitation work.

The majority of the newer counselors experienced some "reality shock" upon actually entering full time employment, and the level of negative views exceeded those of practitioners in the field who were already hardened to the realities of the system. The degree to which this shock exceeds that of novices in other fields is unknown and certainly is worth study. Our clinical impression is that it was more extensive for these new rehabilitation counseling recruits than Lortie found among his lawyers in a study over a decade ago.[18] The diminishing belief in the professionalism of the rehabilitation counseling role and the association of this loss with defection, as well as the denigration of the knowledge and training base of the occupation by both students and long-term practitioners, support the thesis that the rehabilitation organizational system is in considerable trouble.

These findings point to possible steps to reduce defections: increase the strength of supportive activities in the training program in order to increase commitment, develop a broader outlook on society as a whole, raise self-esteem in rehabilitation counseling as a professional role apart from psychology, and teach recognition that these role components may be modified in a changing world, without loss of status worth. To some extent such adaptation is merely tinkering with the system rather than getting at some of the causes which are making rehabilitation counseling a panicky profession. Yet these are necessary intermediate stages, giving lead time for confronting the basic issue: the fact that the system itself needs overhauling.

In undertaking this traditionectomy, the rehabilitation counselor will find that he is a member of a multi-varied role system, and perhaps his most important role is as facilitator. In this role he organizes the component elements of the system to harmonize the discords between clients, ombudsmen, professional experts, and the bureaucratic organization with whom the rehabilitee must deal. To be in this linking role, the knowledge base of the professional will have to be expanded and as a consequence the training programs as they are currently organized will have to be modified. The professional will be less of an expert in a specific area, such as counseling, but much more of a specialist -- or perhaps generalist -- in this linking and integrating role. Obviously the counselor cannot modify his role set along the lines suggested unless the organizational system changes to accommodate to the current revolt of the client and the shifts in power and reward system in the society. Until this done the counselor will continue to function as an itinerant professional in the vastness of ambiguity and ambivalence. To change the system now is the greatest challenge facing the rehabilitation professional in the 1970's.

NOTES

1. In 1968 the VRA was reorganized and became the Rehabilitation Services Administration, a name change reflecting the shift from purely vocational concerns.

2. See The Practitioners: Rehabilitation Counselors in Three Work Settings, Working Paper No. 4, Case Western Reserve University, 1967, pp. 24-25.

3. Arthur Pearl and Frank Riessman, New Careers for the Poor, New York: Free Press, 1965.

4. Charles B. Truax, The Use of Supportive Personnel in Rehabilitation Counseling, Arkansas Rehabilitation Research and Training Center, University of Arkansas, 1967, p. 3.

5. Details on the development of the population list and the method of stratifying for sampling purposes may be found in Working Paper No. 4 in this series: The Practitioners: Rehabilitation Counselors in Three Work Settings, 1967.

6. The Index of Individual Level of Professionalism contains weighted values for level of academic degree, type of professional association membership, and number and type of professional journal readerships.

7. See, for example, Truax, The Use of Supportive .....Counseling, p. 29.

8. Shepard A. Insel and Donald J. Strong, Changes in Self Concept and Perceptions of the Counselor Role Among Vocational Rehabilitation Counseling Trainees as a Result of Supervised, On-the-Job Training: A Pilot Study. Unpublished Final Report. San Francisco: San Francisco State College, November, 1961.

9. For data on the educational level of supervisors, see Rehabilitation Counseling Leadership: Present and Potential, Working Paper No. 5, Case Western Reserve University, 1967.

10. See Figure 2, page 5 above.

11. Score values were inserted during coding, and were not indicated on the respondents' scale.

12. For the sets of items in this scale and the high professional response for each, see Profile of the 1965 Student Rehabilitation Counselor, Working Paper No. 3, Case Western Reserve University, 1966, p. 43.

13. See Working Paper No. 3, p. 42 for description of this Index.

14. See Working Paper No. 3, pp. 37 and 38 for detailed description of these Indices.

15. See Working Paper No. 3, p. 40 for a detailed description of this Index.

16. See Table 13 for a full list of these items.

17. See, for example, Marie R. Haug and Marvin B. Sussman, "Professional Autonomy and the Revolt of the Client," Social Problems, Vol. 17, No. 2, (Fall, 1969).

18. Dan C. Lortie, "Layman to Lawman: Law School Careers, and Professional Socialization," Harvard Educational Review, 29 No. 4 (Fall, 1959), 363-367.